

## PCT

## FEE CALCULATION SHEET

## Annex to the Demand

International application No. <b>PCT/KR03/001754</b>	For International Preliminary Examining Authority use only	
Applicant <span style="font-size: small;">필</span> or agent <span style="font-size: small;">필</span> file reference <b>SGG-1716-PCT</b>	Date stamp of the IPEA	
Applicant <b>HarexInfotech Inc.</b>		
<b>CALCULATION OF PRESCRIBED FEES</b>		
1. Preliminary examination fee .....	EUR 159	<div style="border: 1px solid black; width: 20px; height: 15px; display: flex; align-items: center; justify-content: center;">P</div>
2. Handling fee ( <i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i> ) .....	EUR 129	<div style="border: 1px solid black; width: 20px; height: 15px; display: flex; align-items: center; justify-content: center;">H</div>
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box .....	<div style="border: 1px solid black; padding: 5px; display: inline-block;">         EUR 288       </div>	
<div style="border: 1px solid black; width: 100px; margin: auto;">TOTAL</div>		
<b>MODE OF PAYMENT</b>		
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input checked="" type="checkbox"/> cash	
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	
<input type="checkbox"/> bank draft	<input type="checkbox"/> other ( <i>specify</i> ):	
<b>AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT</b> <i>(This mode of payment may not be available at all IPEAs)</i>		
<input type="checkbox"/> Authorization to charge the total fees indicated above.	IPEA/ _____	
<input type="checkbox"/> ( <i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i> ) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Deposit Account No.: _____	
	Date: _____	
	Name: _____	
	Signature: _____	

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